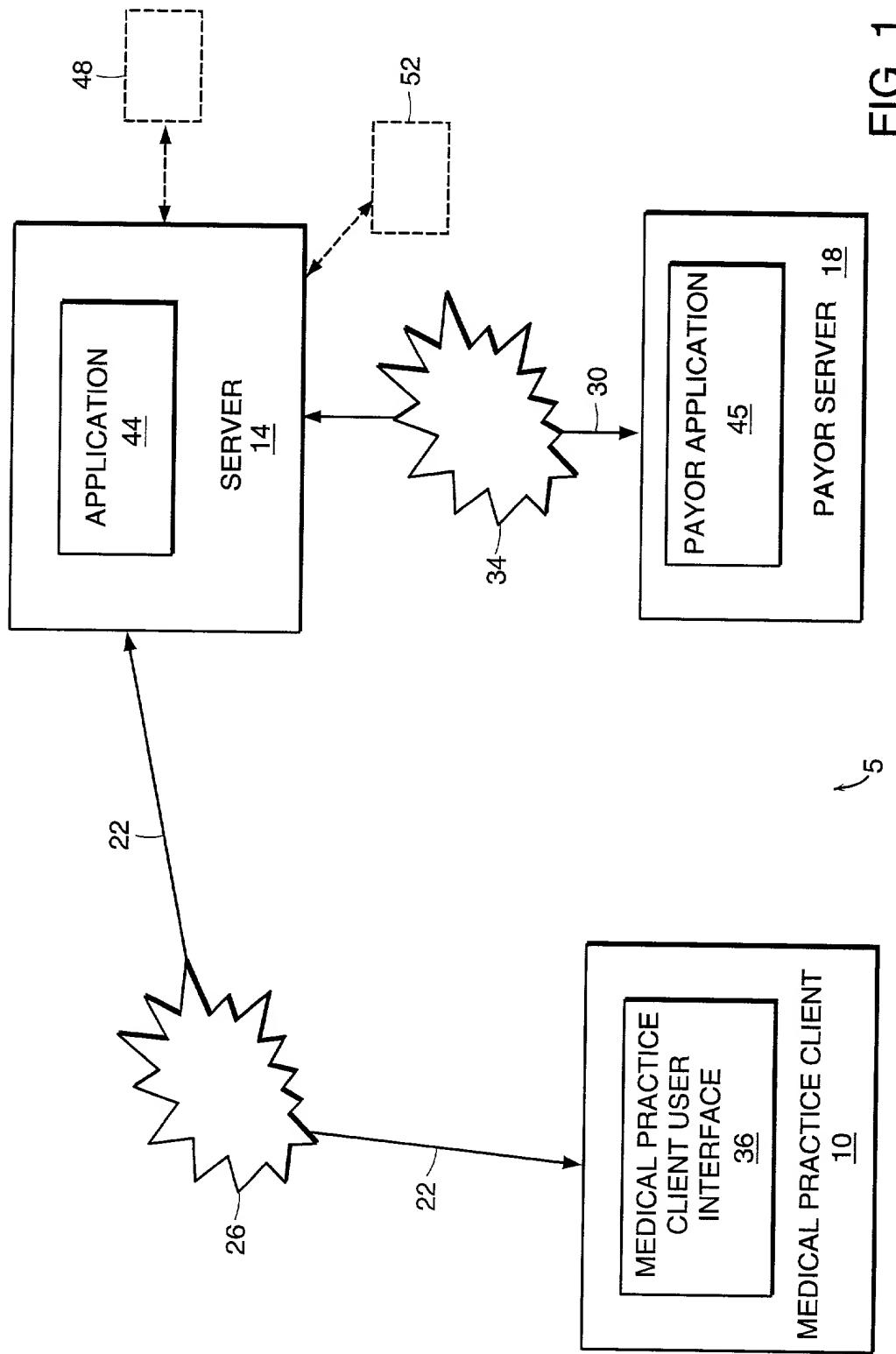


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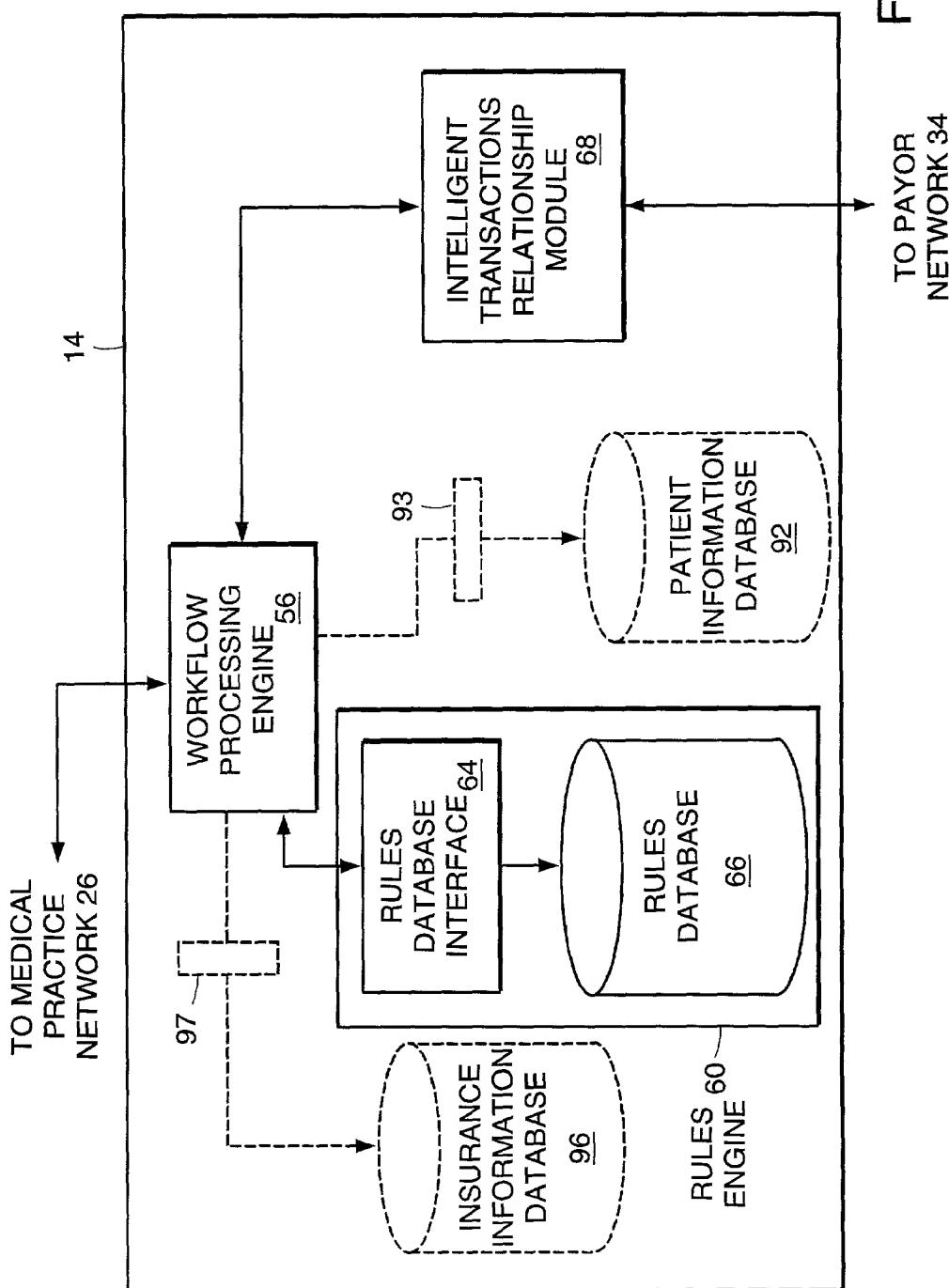


FIG. 2A

TO PAYOR
NETWORK 34

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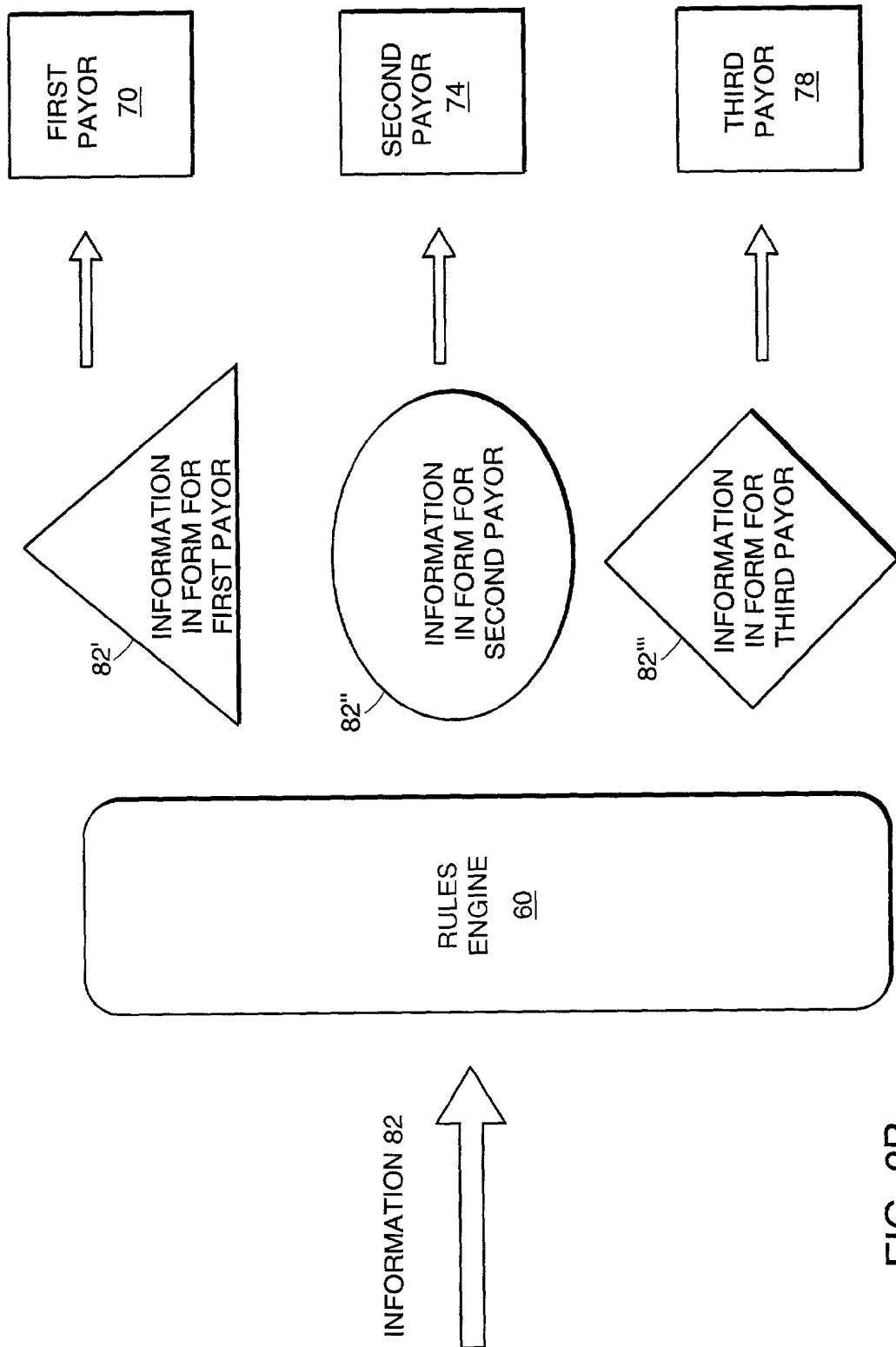


FIG. 2B

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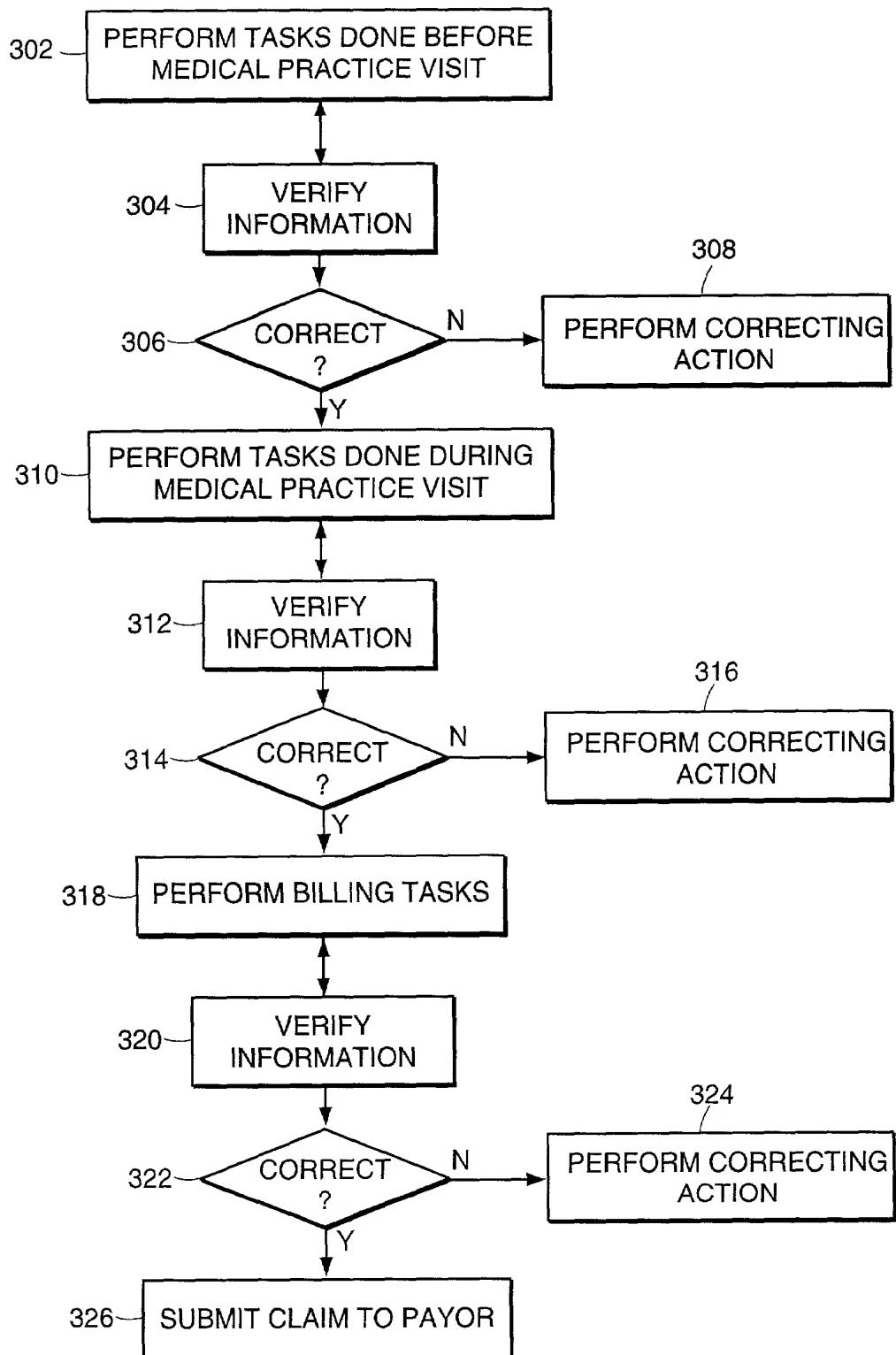


FIG. 3A

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THE PATIENT WORKFLOW - BEFORE THE MEDICAL PRACTICE VISIT

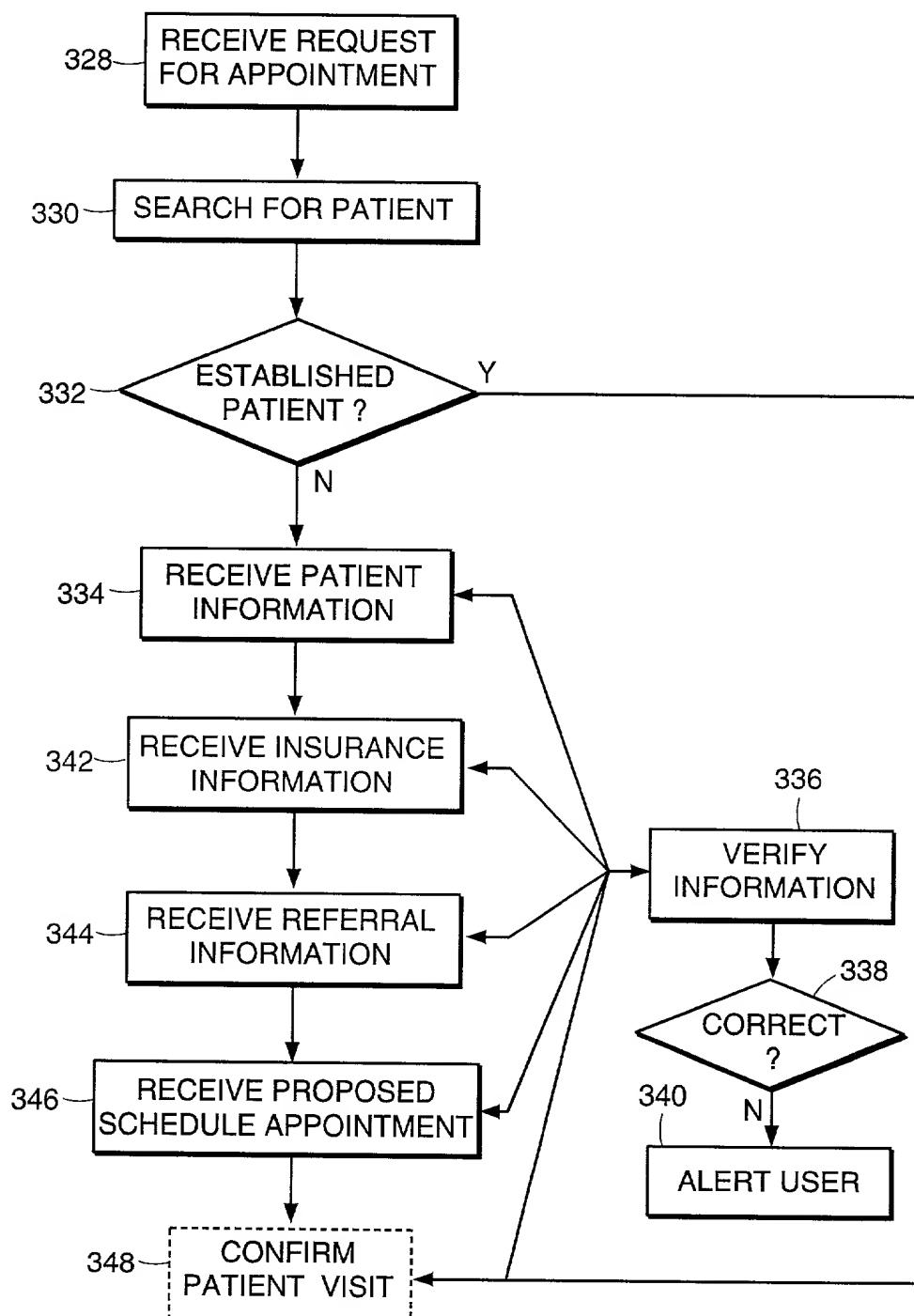


FIG. 3B

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PATIENT ELIGIBILITY DETERMINATION

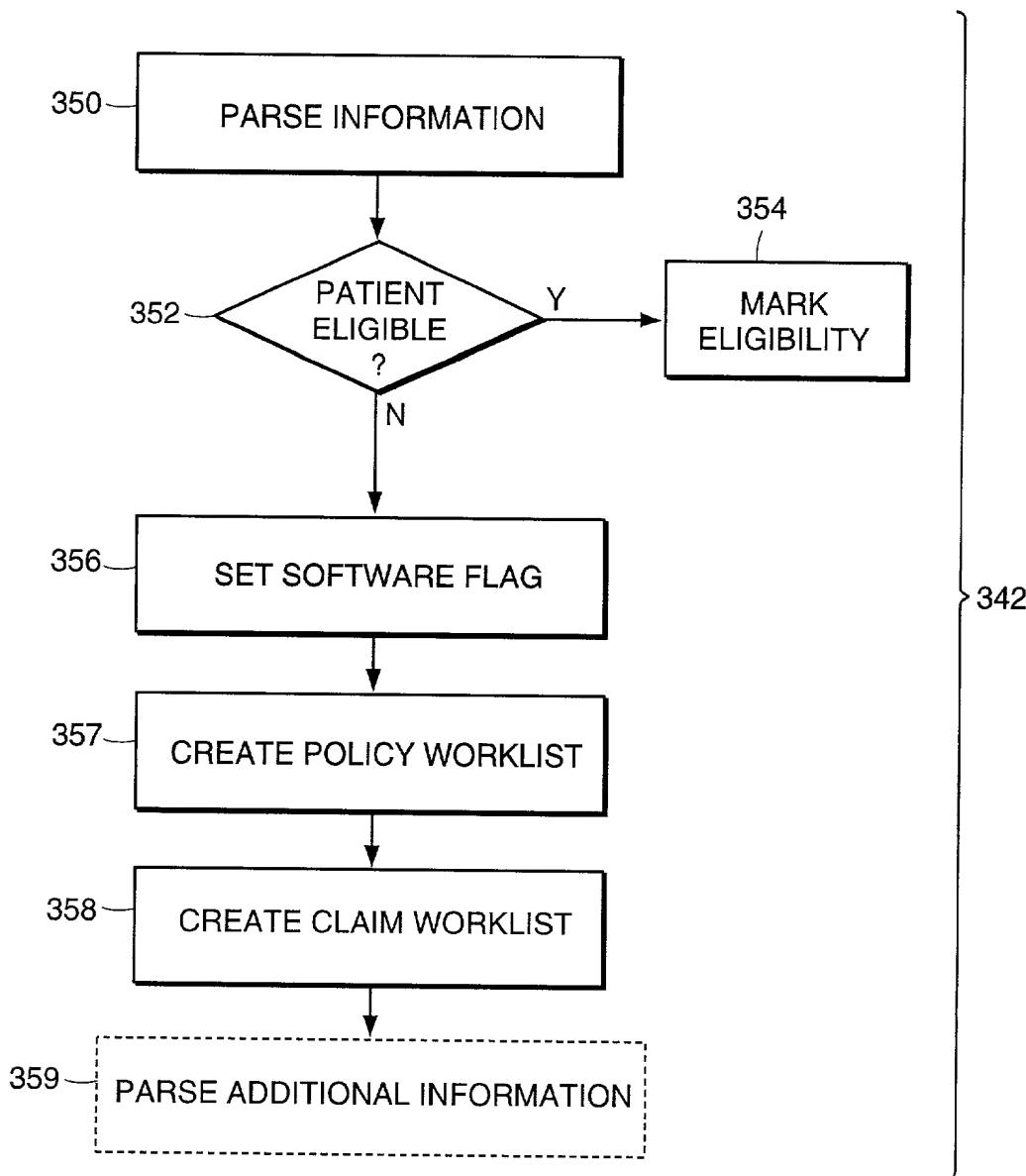


FIG. 3C

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PATIENT REFERRAL / PRIOR AUTHORIZATION DETERMINATION

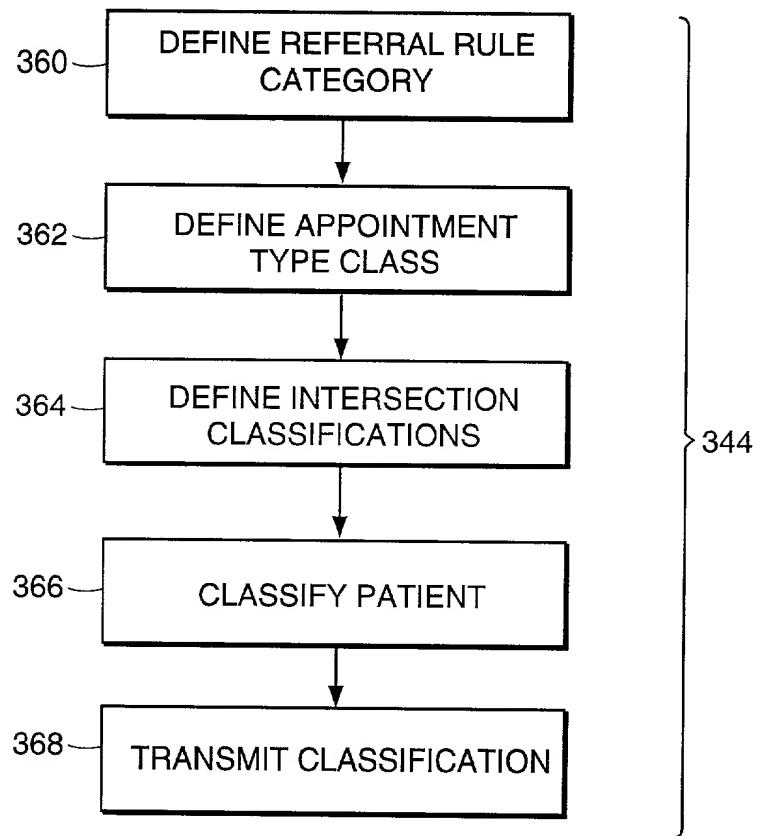


FIG. 3D

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THE PATIENT WORKFLOW - DURING THE MEDICAL PRACTICE VISIT

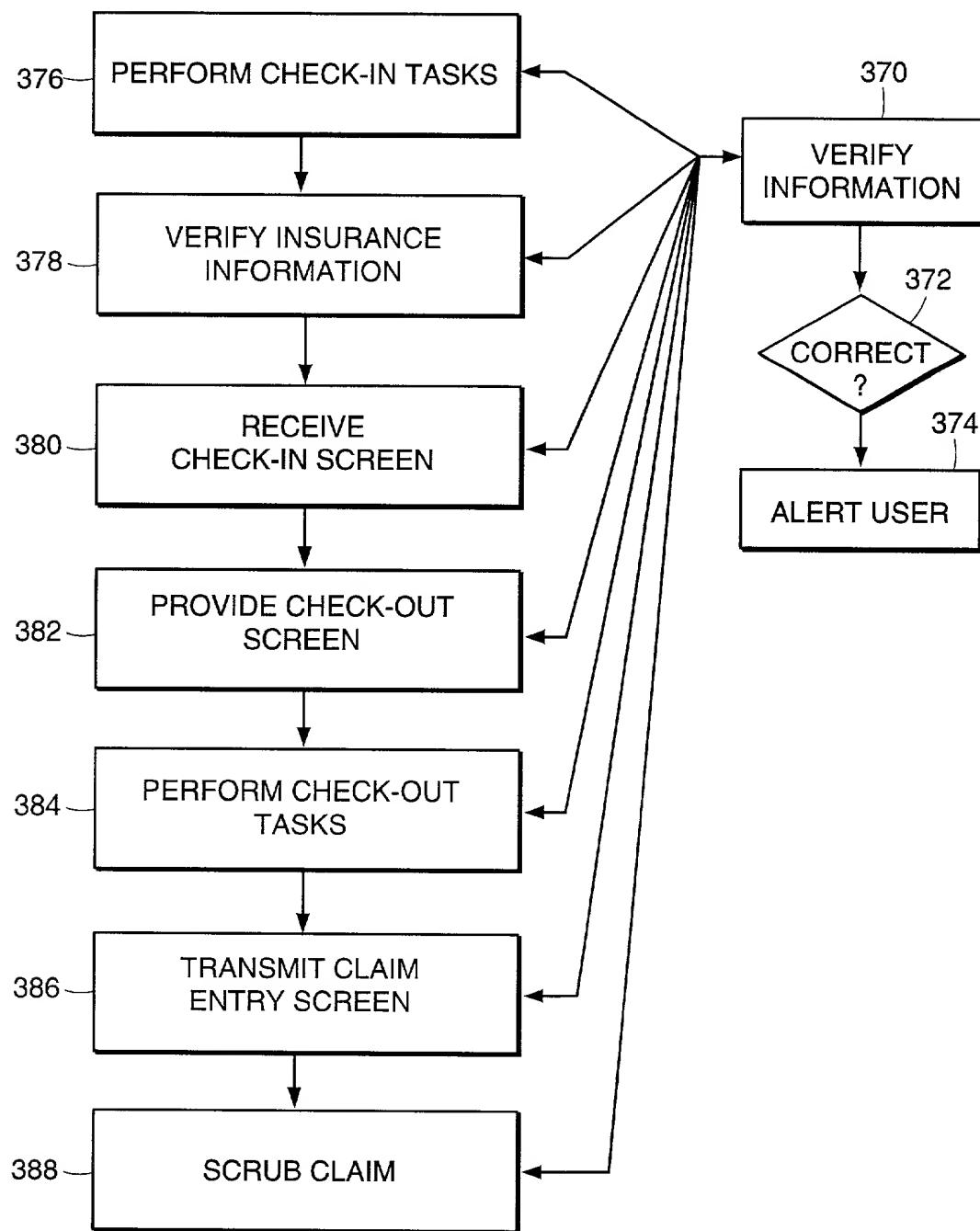


FIG. 3E

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THE BILLING WORKFLOW

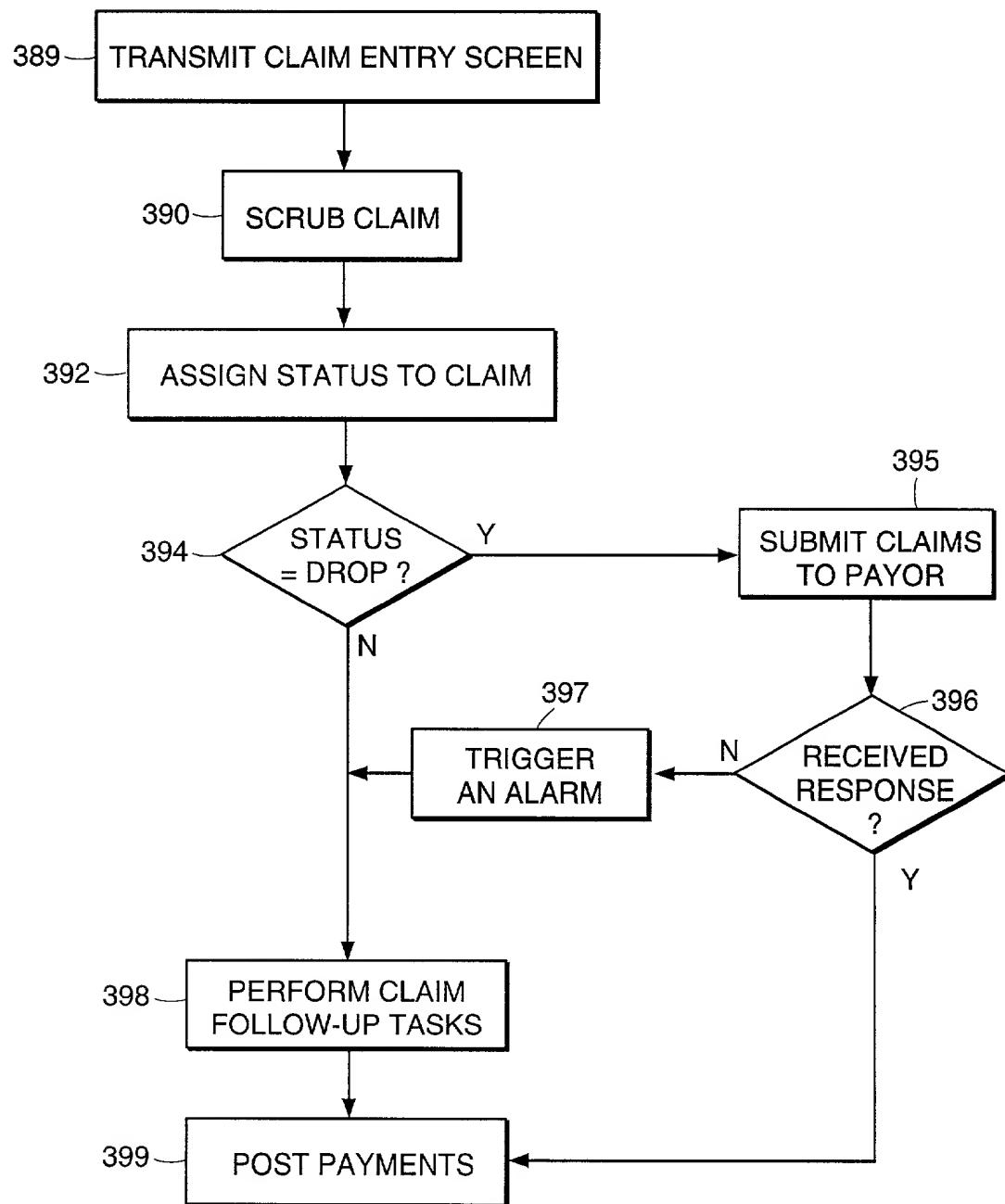


FIG. 3F

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404

Patient Registration											
Last Name		Date of Registration									
First Name & M. Initial		Dept of Registration									
Sex	<input type="button" value="▼"/>	Primary Department									
Prev Last Name		Marital Status	<input type="button" value="▼"/>								
DOB		Languages	<input type="button" value="▼"/>								
SSN		Ethnicity	<input type="button" value="▼"/>								
guarantor (name to whom statements are sent)											
Guarantor Last Name											
Guarantor First Name + M. Initial											
guardian is the patient's legal guardian											
Guardian Last Name											
Guardian First Name + M. Initial											
other patient contact info											
Emergency Contact Name											
Emergency Contact Relation											
Emergency Contact Phone											
Employer Name											
Employer Phone											
Address											
Zip		City		State		Home Phone		Work Phone		Email	
Usual Provider											
ID Number Override											
General Hospital Med. Record											
How did you hear about us ?											
Specify (if other, above)											
Private Notes											
Other Notes											
<input type="button" value="Save"/> <input type="button" value="Save and Add Insurance"/> <input type="button" value="Save and Schedule"/> <input type="button" value="General"/>											

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FIG. 4

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FIG. 5

500

Check In																					
504	<p>action bar click the bar to edit registration info, schedule the patient, print label, etc.</p> <p><input checked="" type="checkbox"/> view/cancel today's appointments</p> <p><input type="checkbox"/> Reason for Cancellation <input type="checkbox"/></p> <p><input type="checkbox"/> Cancel Checked Appointment(s)</p>																				
508	<p>edit appointment information</p> <p>App Type <input type="button" value="▼"/> Dept. <input type="button" value="▼"/> Rendering Provider <input type="button" value="▼"/></p> <p>Notes/Reason <input type="button" value="▼"/> add note <input type="button" value="▼"/></p> <p>Prior Auth # <input type="text"/></p>																				
512	<p>Insurance</p> <p>primary new primary insurance</p>																				
516	<p>verify & edit registration information</p> <p>Patient Notes <input type="text"/></p> <p>Patient Outstanding \$0.00 <input type="button" value="View Billing Summary"/></p> <table border="1"> <tr> <td>Last Name <input type="text"/></td> <td>Status <input type="button" value="▼"/></td> </tr> <tr> <td>First Name & M. Initial <input type="text"/></td> <td>Sex <input type="button" value="▼"/></td> </tr> <tr> <td>Prev Last Name <input type="text"/></td> <td>Home Phone <input type="text"/></td> </tr> <tr> <td>DOB <input type="text"/></td> <td>Work Phone <input type="text"/></td> </tr> <tr> <td>SSN <input type="text"/></td> <td>Primary Department <input type="button" value="▼"/></td> </tr> <tr> <td>Address <input type="text"/></td> <td>Usual Provider <input type="button" value="▼"/></td> </tr> <tr> <td>Zip <input type="text"/></td> <td>Marital Status <input type="button" value="▼"/></td> </tr> <tr> <td>City <input type="text"/></td> <td>Ethnicity <input type="button" value="▼"/></td> </tr> <tr> <td>State <input type="text"/></td> <td>General Hospital <input type="text"/></td> </tr> <tr> <td>Email <input type="text"/></td> <td>Med Record <input type="text"/></td> </tr> </table> <p><input type="button" value="Save registration changes"/></p>	Last Name <input type="text"/>	Status <input type="button" value="▼"/>	First Name & M. Initial <input type="text"/>	Sex <input type="button" value="▼"/>	Prev Last Name <input type="text"/>	Home Phone <input type="text"/>	DOB <input type="text"/>	Work Phone <input type="text"/>	SSN <input type="text"/>	Primary Department <input type="button" value="▼"/>	Address <input type="text"/>	Usual Provider <input type="button" value="▼"/>	Zip <input type="text"/>	Marital Status <input type="button" value="▼"/>	City <input type="text"/>	Ethnicity <input type="button" value="▼"/>	State <input type="text"/>	General Hospital <input type="text"/>	Email <input type="text"/>	Med Record <input type="text"/>
Last Name <input type="text"/>	Status <input type="button" value="▼"/>																				
First Name & M. Initial <input type="text"/>	Sex <input type="button" value="▼"/>																				
Prev Last Name <input type="text"/>	Home Phone <input type="text"/>																				
DOB <input type="text"/>	Work Phone <input type="text"/>																				
SSN <input type="text"/>	Primary Department <input type="button" value="▼"/>																				
Address <input type="text"/>	Usual Provider <input type="button" value="▼"/>																				
Zip <input type="text"/>	Marital Status <input type="button" value="▼"/>																				
City <input type="text"/>	Ethnicity <input type="button" value="▼"/>																				
State <input type="text"/>	General Hospital <input type="text"/>																				
Email <input type="text"/>	Med Record <input type="text"/>																				
520	<p>Collect Patient Payment</p> <p>Post Date <input type="text"/></p> <p>Time of Service Batch <input type="button" value="▼"/></p> <p>Method <input type="button" value="▼"/></p> <p>Check or CC Number <input type="text"/></p> <p>Service Date <input type="text"/></p> <p>Procedure <input type="text"/></p> <p>Today's Copay (expected office visit copay \$ <input type="text"/>) <input type="checkbox"/></p> <p>Outstanding Amount <input type="text"/></p> <p>\$ <input type="text"/></p> <p>Coinsurance (usual coinsurance <input type="text"/> %) <input type="text"/></p>																				

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Print Billing Slip/Check-Out	
action bar	<input type="button" value="Check-In"/> <input type="button" value="Check-Out"/>
Billing Slip	<input type="button" value="Check-Out Actions"/> <input checked="" type="checkbox"/> Schedule Appointment Calendar 1 wk / 2 wks / 3 wks / 4 wks / 5 wks / 6 wks <input checked="" type="checkbox"/> Create Appointment Reminder <input checked="" type="checkbox"/> Chart Check
<input checked="" type="checkbox"/> Behavioral Health <input checked="" type="checkbox"/> Family Medicine <input checked="" type="checkbox"/> Internal Medicine <input checked="" type="checkbox"/> OB/GYN <input checked="" type="checkbox"/> Occupational Health	604
Receipt	608
No payment was made today	
Collect Patient Payment	
Post Date	612
Time-Of-Services Batch	<input type="button" value="▼"/>
Method	<input type="button" value="▼"/>
Check/C/C Number	<input type="text"/>
Service Date	Procedure
Today's Copay (expected office visit copay \$ <input type="text"/>)	Outstanding Amount
Coinurance (usual coinsurance <input type="text"/> %)	<input type="text"/>
Other Payment Amount reason: <input type="text"/>	<input type="button" value="▼"/>
TOTAL	<input type="text"/>
Counting payments that have not yet been applied to charges (\$0.00), this patient owes total of \$0.00	
<input type="button" value="Check Out >>"/>	

600 FIG. 6

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FIG. 7A

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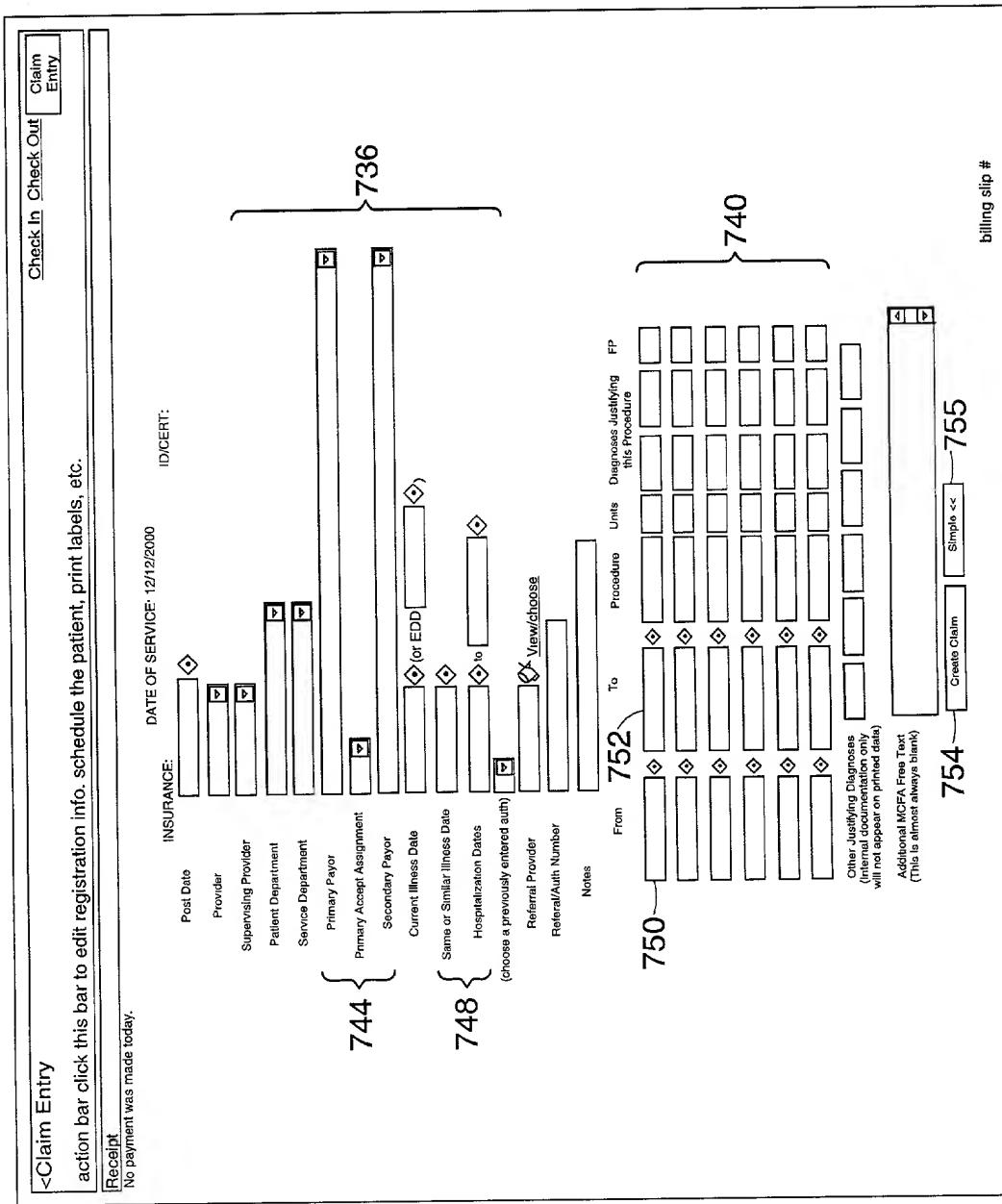


FIG. 7B

732

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760

756

FIG. 7C

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768

FIG. 7D

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770

FIG. 7E

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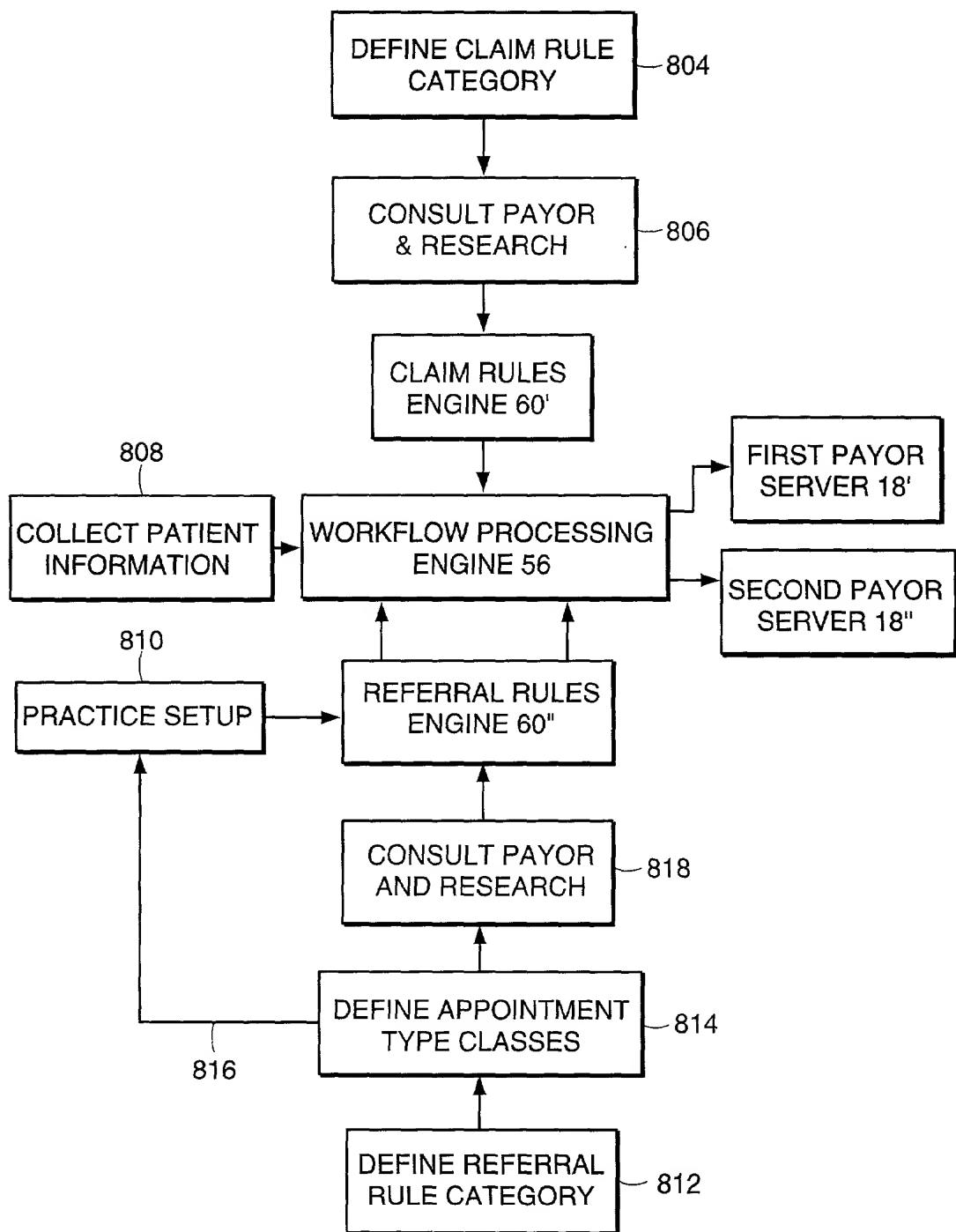


FIG. 8A

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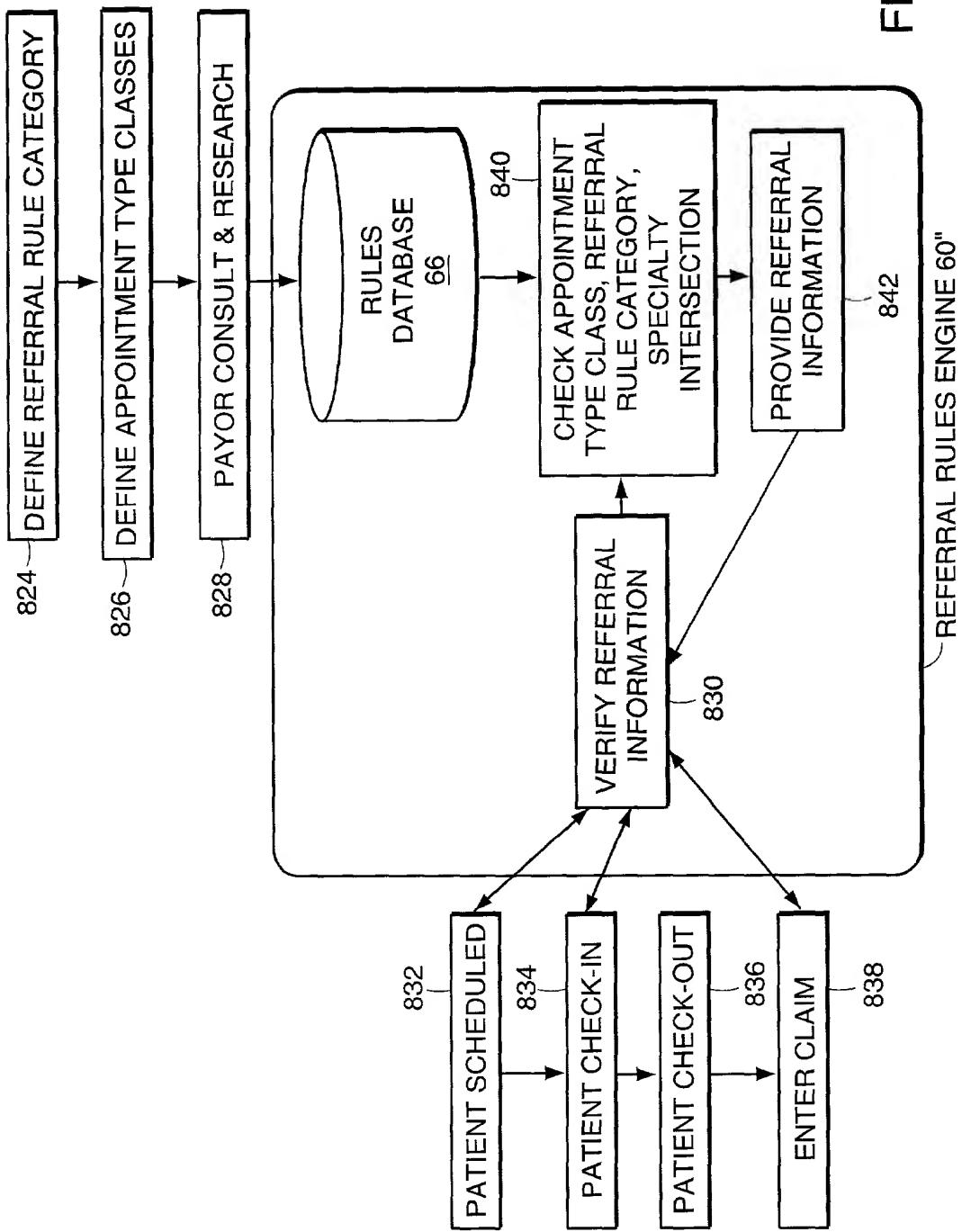


FIG. 8B

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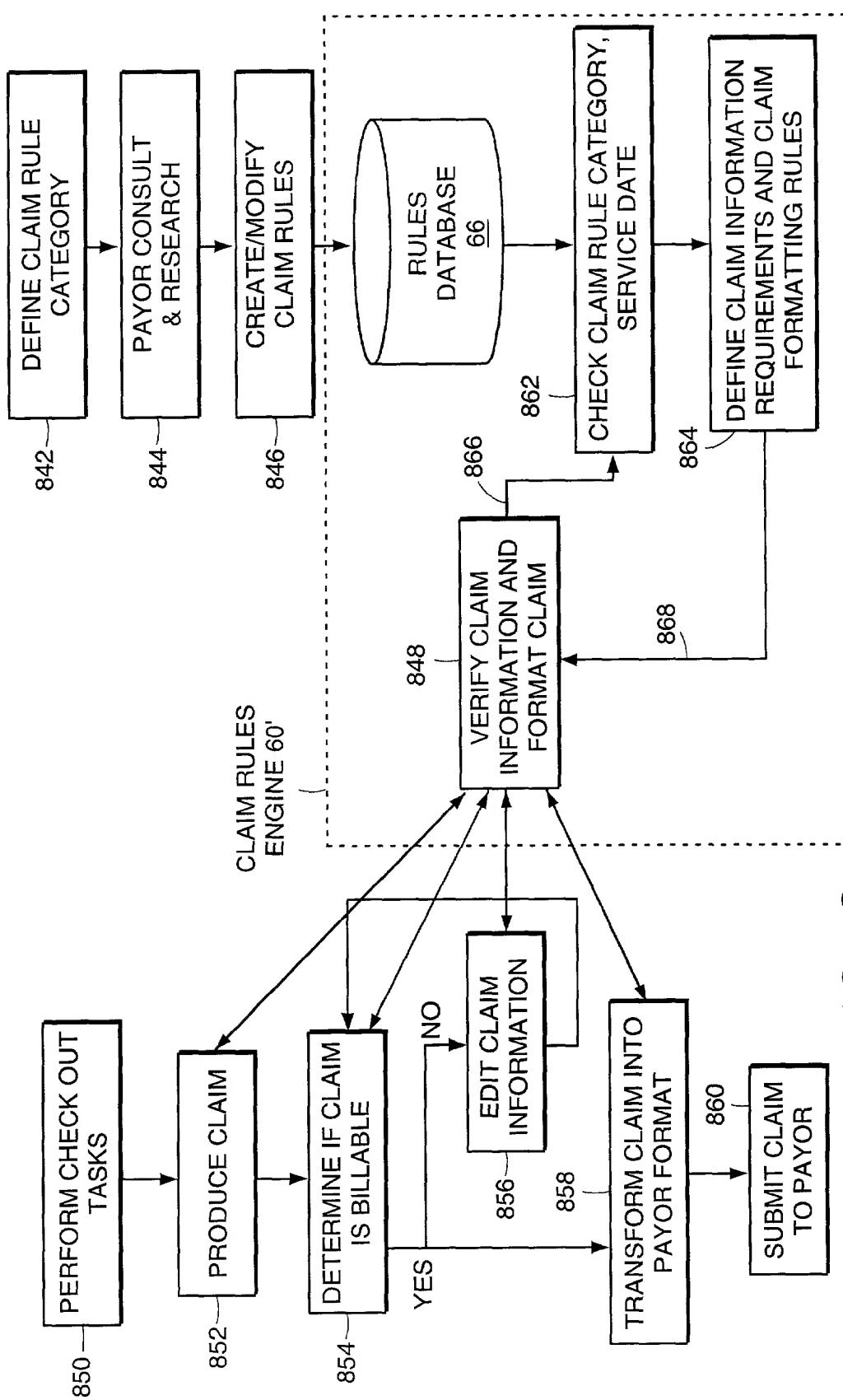


FIG. 8C

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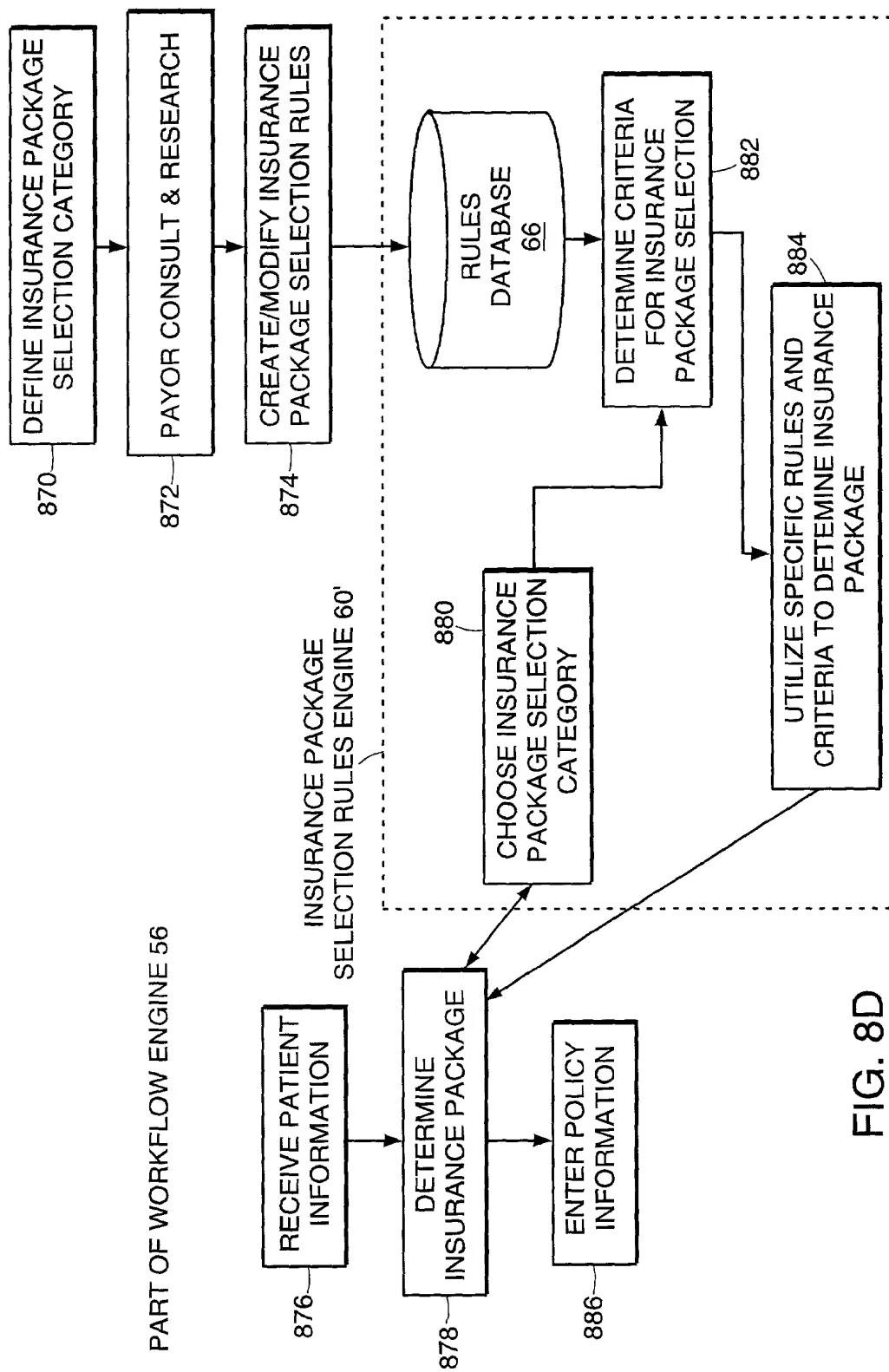


FIG. 8D

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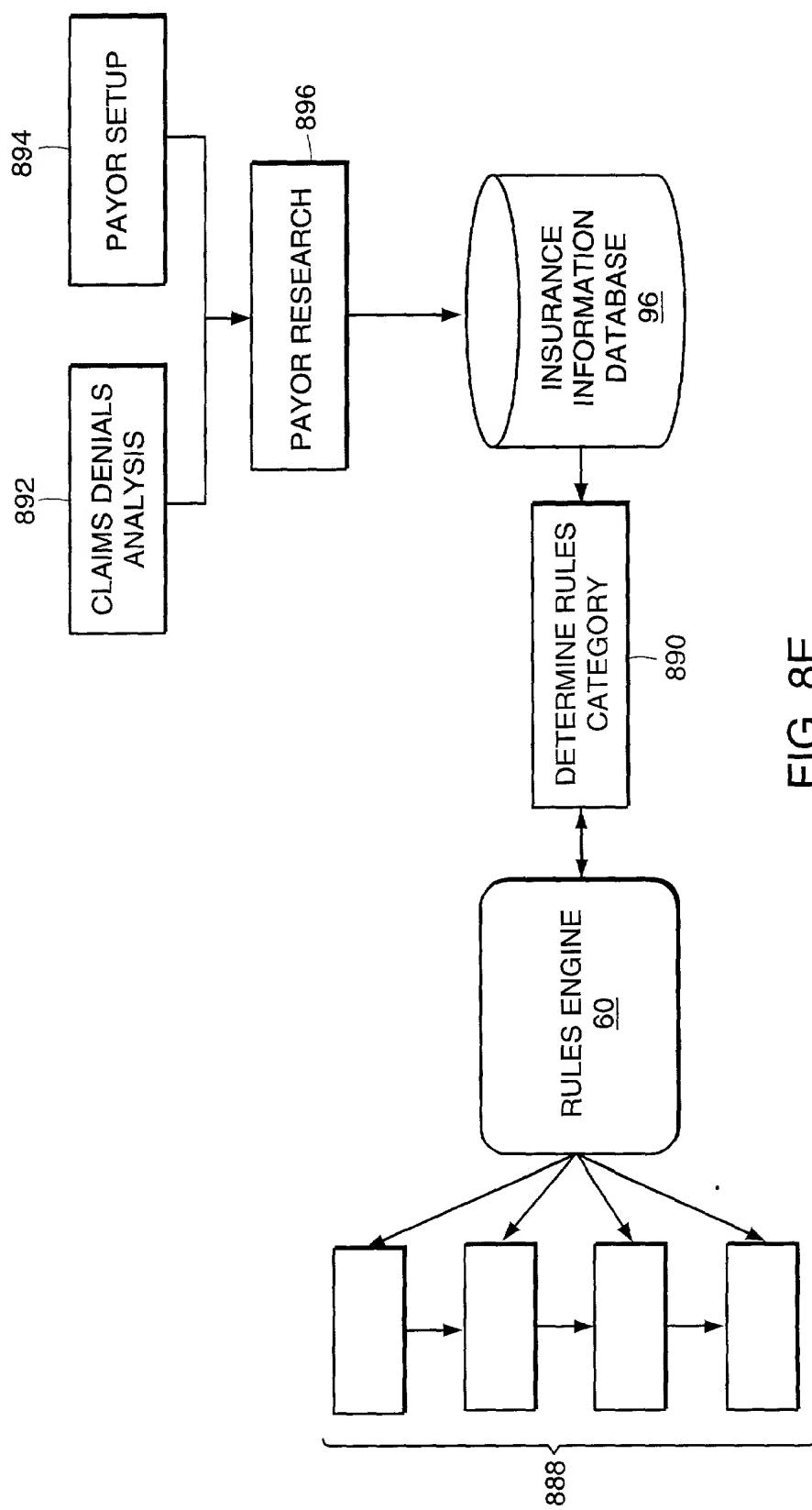


FIG. 8E